

REA Date Stamp

USUHS FORM 3205

**USE OF RADIOACTIVE MATERIAL/RADIATION
PRODUCING MACHINES**

Protocol No.: _____

Principal Investigator: _____

Department: _____ **Phone** _____

Project Title: _____

1. Principal radioactive material user:
2. Radionuclide Experimental Authorization (REA) number: _____
3. List all other persons who will work with radioactive materials or radiation producing machines under this protocol:
4. Provide the following for each radioisotope & chemical form:

REA Number	Radioisotope(s)	Chemical form	Maximum act. per experiment	Number of experiments per month	Maximum act. possessed at one time

5. Summary of procedures in which radioactive materials or radiation producing machines are used:
 - a. Will animals be injected with radioactive material? ☐ Yes ☐ No

IF YES:

Type of animal	Weight (gm)	Isotope & Act. administered	Number of animals	Route of administration

b. Will the activity concentrate in one specific organ or location in the animal?
[] Yes [] No

c. What organ or where? _____

d. Will excision of that organ or location possibly reduce the activity in the remainder of the animal to <0.005 μ Ci/gm of tissue?
[] Yes [] No

6. Radioactive waste cannot currently be disposed of and must be stored on-site. Please provide as accurate an estimate as possible of the amounts of radioactive waste, e.g. bags/month, this protocol will generate. Draw on your or other researchers' experience with the procedures you are proposing to use.

Radioactive procedure	Activity used	Form	Half-life	Approx. amount of waste	No. of years for project

Note: Form means liquid waste, solid, or animal. Half-life is the half-life of the longest whether the radioactive material is short (<60 days) or long (>59 days) half-lived materials. Short lived materials can be held on site for decay to background in most cases.

For amount of material being generated indicate approximate amount per month or quarter if the material will be used steadily throughout the project or if only generated once or twice a year indicate amount and approximate quarter during which it will be generated.

of year is the number of years you expect this project to be ongoing.

7. Have you considered using a non-radioactive alternative to the procedures or assays

specified in this submission

[] Yes [] No

I understand that before the USUHS Radiation Safety Committee (RSC) will approve this project, I must have or be listed on a Radionuclide Experimental Authorization (REA) that approves the above-listed procedures, radioisotopes and quantities. REAs are obtained or amended through the USUHS Environmental Health and Occupational Safety Office.

Principal Investigator (signature)

Date